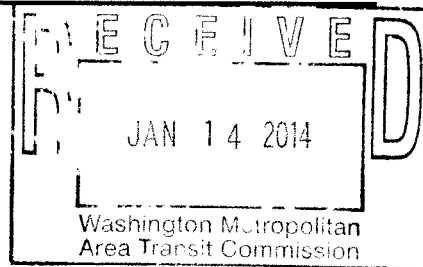


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

2176	Jun Hai International Travel LLC			
<b>*WMATC No.   *Name of Carrier (as shown on certificate of authority)</b>				
6798 Oak Hall Lane, #B		Columbia	MD	21045-4892
<b>*Street Address of Principal Place of Business</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
6000 Bucknell Court		Clarksville	MD	21029-1548
<b>Mailing Address (If different from street address)</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
(718) 510-6258		(443) 864-5382	ym_hao5917@hotmail.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2356475			
<b>USDOT No.</b>	<b>DCTC No.</b>	<b>Virginia DMV passenger carrier No.</b>	<b>Maryland PSC No.</b>

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Yumin Hao	Owner		
<b>*Name</b>	<b>*Title</b>		
(718) 510-6258	(347) 925-2299	(443) 864-5382	ym_hao5917@hotmail.com
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Ramzi Samaha	(301) 336-8282	rsamaha@nationalbussales.com		
<b>Name of Registered Agent for Service of Process</b>	<b>Telephone</b>	<b>E-mail</b>		
201 Ritchie Road, #C		Capitol Heights	MD	20743
<b>Agent Address (must be inside Metropolitan District)</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
395	E450 2013	Ford	1FDXE4FSXDDA26437	022P85	MD	25	No
396	M-2 2014	Freightliner	1FVACWDU5EHFJ9895	024P37	MD	36	No
397	M-2 2014	Freightliner	1FVACWDU3EHFP2160	025P16	MD	30	No

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Jumin Hao  
\*Name (type or print)

[Signature]  
\*Signature

Owner  
\*Title (not required for sole proprietors)

01-14-2014  
\*Date